PTO/SB/06 (12-04)

Approved for use through 7/31/2006, OMB 0651-0032
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
pend to a collection of information unless it displays a valid OMB control number. Under the Peperwork Reduction Act of 1995, no persons are required to re

FOR E B(a), (b), o FEE G(b), (b), o FOR FOR G(c), (b), o AIMS 16(d) DENT CL 16(n) TON SIZE 16(e)) DEPENE	(m) (m) (q)) AIMS If the systeets is \$250 addition 35 U.S. DENT CLAIM PRE	NA NA NA NIA NIA Minus Pecification of paper, I (\$125 for hal 50 shee C. 41(a)(1	NUM NUM NUM NUM NUM NUM NUM NUM	Column 2) ABER EXTRA N/A N/A N/A S exceed 100 stze fee due or each thereof. See	N/A N/A N/A X\$ 25 X100	150.00 \$250 \$100		NA X\$50 .	FEE (5) 300.00 \$500 \$200
E 6(0), (10), or FEE 6(10), (1), or TICN FEE 6(10), (1), or AIMS 16(11) DENT CL 16(11) TON SIZE 16(10) DEPENE	(rd) (rd) (Id) AIMS If the spacets is \$250 addition 35 U.S. DENT CLAIM PRE	N/A N/A N/A Minus pedification of paper, I (\$125 for hal 50 shee C. 41(a)(1	o = on and drawings the application small entity) for traction ()(G) and 37 C	N/A N/A N/A sexceed 100 stre fee due or each thereof. See	N/A N/A N/A X\$ 25 X100	\$250 \$100		NA NA NA X\$50 _	300.00 \$500
P(e), (b), or FEE 6(f), (r), or TION FEE 6(f), (r), or TION FEE 6(f), (r), or TION FEE 16(f)) DENT CL. 16(f)) TON SIZE 16(e)) DEPENE	(m) AIMS If the sysheets is \$250 addition 35 U.S. DENT CLAIM PRE	NVA Minus minus pecification of paper, t (\$125 for hal 50 shee C. 41(a)(1	or = 0.00	N/A N/A s exceed 100 stze fee due or each thereof. See	N/A N/A N/A X\$ 25 X100	\$250 \$100		NA NA NA X\$50 _	300.00 \$500
FEE 6(N, N), or TION FEI 6(d), (N), or Athas 18(N) DENT CL 18(N) TON 51ZE 16(e)) DEPEND	(m) AIMS If the sysheets is \$250 addition 35 U.S. DENT CLAIM PRE	minus minus pedification of paper, I (\$125 for hal 50 shee C. 41(a)(1	or = 0.00	N/A s exceed 100 stre fee due or each thereof. See	N/A X\$ 25 X100	\$250 \$100		NA X\$50 .	\$500
6(q, (p), o AIMS 16(i)) DENT CL 16(n)) TON SIZE 16(e)) DEPEND	AIMS If the system is \$250 addition 35 U.S. DENT CLAIM PRE Solumn 1 is less if	minus minus pedification of paper, t (\$125 for hal 50 sher C. 41(a)(1	or = 0.00	s exceed 100 size fee due or each thereof. See	X\$ 25 X100		OR	X\$50 .	
18(I)) DENT CL 18(II) TON SIZE 16(e)) DEPEND	If the space is \$250 addition 35 U.S.	minus pecification of paper, t (\$125 for hal 50 shen C, 41(a)(1	and drawings he application small entity) fo els or fraction ()(G) and 37 C	size fee due or each thereof. See	X100	•	, OR		
16(h)) TON 51ZE 16(e)) DEPENE	If the space is \$250 addition 35 U.S.	pecification of paper, I (\$125 for hal 50 shee C. 41(a)(1	n and drawings he application small entity) fo ats or fraction ()(G) and 37 C	size fee due or each thereof. See				X200 .	
DEPEND	sheets is \$250 addition 35 U.S. DENT CLAIM PRE column 1 is less if	of paper, I (\$125 for nal 50 shed C. 41(a)(1	he application small entity) fo ets or fraction ()(G) and 37 C	size fee due or each thereof. See					
rence in e	column 1 is less ii		OFR 1.16(j))		7		1		
		hina ani	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))					+360=	· · · · ·
ÁPPI	ICATION AS	If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	
	100/1014 70	AMEND	ED - PART I	11	-	-	•		
	(Column 1)		(Column 2)	(Column 3)	SMA	LL ENTITY	OR	OTHER SMALL	THAN
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT. EXTRA	RATE (\$	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
otal 11.10(i)	•	Minus	••	2	X\$ 25		OR	X\$50 _	
1.10(5))		Minus	•••	=	X100	·=	OR	X200	
ation Size	Fee (37 CFR 1.	16(s))]		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)							OR	+360=	
•					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
MI	(Column 1)		(Column 2)	(Column 3)		·			
801	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (5)	TIONAL		RATE (\$)	ADDI- TIONAL FEE (\$)
tel 1.16(1)	. 11	Minus-	"20	*	X\$ 25			X\$50 · =	155 (4)
ident 1.18pp		Minus	" 3	P	X100			X200	
tion Size	Fee (37 CFR 1.1	6(s))		!			\ \tag{\tau}		
AMENDMENT: PAID FOR Total (37 CFR 1.18(1)) Independent (37 CFR 1.18(5)) Application Size Fee (37 CFR 1.18(5)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(0))							OR	+360=	
		· .			TOTAL, ADD'L FEE				
	interior size	(Column 1) (Colum	(Column 1) (Colum	(Column 1) (Column 1) (Column 2) (Column 1) (Column 2) (Column 2) (Column 3) (Column 2) (Column 3) (Column 2) (Column 2) (Column 2) (Column 2) (Column 3) (Column 2) (Column 2) (Column 2) (Column 2) (Column 2) (Column 2) (Highest NUMBER PREVIOUSLY PAID FOR (a) (a) (a) (b) (b) (column 2) (column 2) (column 2) (done of the column 2) (column 3) (column 2) (column 2) (column 2) (column 2) (done of the column 3) (column 3) (column 3) (column 2) (column 2) (done of the column 3) (column 3) (column 3) (column 2) (column 2) (done of the column 3) (column 3) (column 3) (column 3) (done of the column 3) (column 3) (column 3) (column 3) (column 3) (done of the column 3) (column 3) (column 3) (column 3) (column 2) (done of the column 3) (column 3) (column 3) (column 3) (column 3) (done of the column 3) (column 2) (done of the column 3) (column 3) (column 3) (column 3) (column 3) (column 3) (column 3) (done of the column 4) (column 4) (column 3) (column 4) (done of the column 4) (column 4) (column 4) (column 4) (column 4) (done of the column 4) (column 4) (column 4) (column 4) (column 4) (done of the column 4) (column 4) (col	Minus Internal I	A A A A A A A A A A	Minus X\$ 25 X100 X\$ 25 X	1.18(1)	1.16(1)

The Tighest Number Previously Paid For In This SPACE is less than 3, enter 5.

The Tighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completely including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.